

APPLICATION FOR TEMPORARY STREET /OR LANE CLOSURE



110 North 1st Street
Indianola, IA 50125
Phone #: 961-9430
Fax #: 961-9402

Check which applies:

- | | |
|---|--|
| <input type="checkbox"/> STREET CLOSURE | <input type="checkbox"/> RIGHT-OF-WAY/LANE CLOSURE |
| <input type="checkbox"/> TRAILER/DUMPSTER/ STORAGE UNIT | <input type="checkbox"/> SIDEWALK CLOSURE |

Applicant Details

Company Name: _____	Application date: _____
Company Address: _____	
Contact Name: _____	Emergency Phone # (After hours): _____
Phone #: (_____) _____	Fax #: (_____) _____
Email Address: _____	

Details for street or lane closure:

Exact Location: _____	
Check All that applies for this request:	
<input type="checkbox"/> Utility Construction	<input type="checkbox"/> Sidewalk / Trail Construction
<input type="checkbox"/> Driveway Construction	<input type="checkbox"/> Pavement Repairs Maintenance
<input type="checkbox"/> Drainage Improvements	<input type="checkbox"/> Other
<input type="checkbox"/> None of above	
Provide details for request: _____	
Start date: _____	End date: _____
# of days needed: _____	Including weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No
All Street and Lane Closures require a site map depicting the exact area to be closed, along with all applicable detour information and proposed signage in accordance with MUTCD guidelines.	
Site map included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Detour route map included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hold Harmless Clause: The City shall not be liable to applicant's employees, agents, invitees, licensee, visitors, or to any other person, for injury to person or damage to property caused by the negligence or misconduct of user, its agents, servant or employees. The applicant agrees to indemnify and hold harmless the City from any loss, attorney's fees, and expenses or claims arising out of any such damage or injury. The City reserves the right to revoke this application at any time. I do hereby agree to all terms and stipulations as listed in this application:	
Requested By: _____	_____
Signature	Print Name

<p>Office Use Only:</p> <p>Received By: _____</p> <p>Permit Number: _____</p> <p>Payment Type: _____</p> <p>Permit Fee: _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>By: _____</p> <p style="text-align: center;">Signature Date</p>
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A copy of this permit must always be kept on site during the street or lane closure.